

ANNUAL LEAVE DONATION DIRECT TRANSFER FORM

NOTE: THIS FORM IS FOR USE BY ALL BARGAINING UNITS WHERE THE COLLECTIVE BARGAINING AGREEMENT AUTHORIZES DIRECT TRANSFER OF ANNUAL LEAVE.

A. TO BE COMPLETED BY EMPLOYEE (A) DONATING ANNUAL LEAVE (Please print)

Name _____ Employee I.D. _____

Department _____ Division _____ Section _____

Classification/Level _____

Check One: I am ☐ a member of _____ bargaining unit.
☐ a managerial, supervisory, confidential or Non-exclusively represented Business and Administrative Unit employee.

I hereby agree to voluntarily transfer _____ hours of my accumulated annual leave (must be in whole hour increments) to: _____

Signature _____

Date _____

B. TO BE COMPLETED BY EMPLOYEE (B) RECEIVING ANNUAL LEAVE HOURS:

Name _____ Bargaining Unit: _____

Employee I.D. _____ Division _____

Classification/Level _____ Work phone (____) _____

Signature _____

Date _____

C. TO BE COMPLETED BY DEPARTMENT (PERSONNEL)/OSE

Department Annual Leave Adjustment:

Annual leave hours prior to transfer – Employee A _____ Employee B _____

Annual leave hours after transfer – Employee A _____ Employee B _____

Completed by: _____

Date: _____

Appointing Authority Signature _____

Date _____

Office of the State Employer (where required) _____

Date _____

Union Representative (where required) _____

Date _____

Please see appropriate bargaining unit agreement for required signatures.